

JOINT DECLARATION FOR PATENT APPLICATION X 3

As the below named inventor, we hereby declare that:

Our residence, post office address and citizenship are as stated next to our names;

I believe that I am the original, first and sole inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled SYSTEM AND METHOD OF DATA EXCHANGE FOR ELECTRONIC TRANSACTION WITH MULTIPLE SOURCES the specification of which

( ) is attached hereto.

(X) was filed on July 31, 2001 as Application Serial Number 09/917,810 and was amended on \_\_\_\_\_

\_\_\_\_\_  
(if applicable)

We hereby state that we have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

We acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, § 1.56(a).

## Prior Foreign Application(s)

We hereby claim foreign priority benefits under Title 35, United States Code, § 119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application(s) for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Country	Application Number	Date of Filing (day, month, year)	Date of Issue (day, month, year)	Priority Claimed Under 35 U.S.C. 119
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>

## Prior United States Provisional Application(s)

We hereby claim the benefit under 37 C.F.R. §119(e) of any United States provisional application(s) listed below:

Application Number	Date of Filing (day, month, year)	Status - Patented, Pending, Abandoned
60/194,027	03 April 2000	
60/162,129	29 October 1999	
60/162,125	29 October 1999	

## Prior United States Application(s)

We hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s) listed below, and insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, § 112, We acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, § 1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

Application Number	Date of Filing (day, month, year)	Status - Patented, Pending, Abandoned
09/698,073	October 30, 2000	Pending

And we hereby appoint, both jointly and severally, as our attorneys with full power of substitution and revocation, to prosecute this application and to transact all business in the Patent and Trademark Office connected herewith the following attorneys, their registration numbers being listed after their names:

Kevin Ainsworth, Registration No. 39,586; Ingrid Beattie, Registration No. 42,306; William Belanger, Registration No. 40,509; Naomi Biswas, Registration No. 38,384; Bradford C. Blaise, Registration No. 47,429; Duane Blake, Registration No. 47,279; Yong Choi, Registration No. 43,324; David F. Crosby, Registration No. 36,400; Christopher J. Cuneo, Registration No. 42,450; Brett N. Dorn, Registration No. 35,860; Marianne Downing, Registration No. 42,870; Ivor R. Elrifii, Registration No. 39,529; Heidi A. Erlacher, Registration No. 45,409; James G. Gatto, Registration No. 32,694; Richard Gervase, Registration No. P-46,725; Matthew J. Golden, Registration No. 35,161; John A. Harre, Registration No. 37,345; Brian P. Hopkins, Registration No. 42,669; Shane Hunter, Registration No. 41,858; David E. Johnson, Registration No. 41,874; Christina Karnakis, Registration No. 45,899; Robert Klauzinski, Registration No. 42,742; Kristin E. Konzak, Registration No. 44,848; Cynthia Kozakiewicz, Registration No. 42,764; Barry Marenberg, Registration No. 40,715; William Marino, Registration No. 44,219; A. Jason Mirabito, Registration No. 28,161; Michel Morency, Registration No. Limited Recognition; Carol H. Peters, Registration No. 45,010; David Poirier, Registration No. 43,007; Michael Renaud, Registration No. 44,299; Brian Rosenblum, Registration No. 41,276; Thomas M. Sullivan, Registration No. 39,392; Janine Susan, Registration No. 46,119; Howard Susser, Registration No. 33,556; Raphael A. Valencia, Registration No. 43,216; Shelby J. Walker, Registration No. 45,192

All correspondence and telephone communications should be addressed to:

James G. Gatto  
Mintz, Levin, Cohn, Ferris, Glovsky and Popeo  
11911 Freedom Drive, Suite 400  
Reston, VA 20190  
Tel: 703-464-4800  
Fax: 703-464-4895

We hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

Signature

 <sup>sic.</sup>

Date

3-5-02

Full Name of Sole Inventor

BRUCE, Sr.  
Family Name

Michael  
First Given Name

George  
Second Given Name

Residence

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Citizenship

U.S.A.

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Tel: 617-542-6000  
Fax: 617-542-2241

Attorney Docket No. 23512-006

Signature \_\_\_\_\_

Date \_\_\_\_\_

Full Name of  
Sole InventorNEELY  
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First Given NameGareth  
Second Given Name

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Citizenship

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Address

On behalf of Bill G. Neely:

William R. NeelyDate July 30, 2001

Name:

William R. Neely

Address:

1305 Mimosa Lane  
Silver Spring, MD 20904

Signature



Date

March 08, 2002

Full Name of  
Sole Inventor

**SCHOEMAN**  
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Citizenship

South Africa

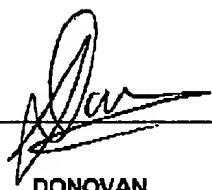
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Signature Trevor Veary Date July 27, 2001  
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Family Name First Given Name J.  
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Citizenship **South Africa**  
Post Office Address **Same as above**

Signature



Date

3/13/2007

Full Name of  
Sole Inventor

DONOVAN  
Family Name

Alistair  
First Given Name

Stuart  
Second Given Name

Residence **11738 Indian Ridge Road, Reston, VA 20191**

Citizenship **United Kingdom**

Post Office  
Address **Same as above**

**RES 45282v1**

Mintz, Levin, Cohn, Ferris, Glovsky and Popeo  
One Financial Center  
Boston, Massachusetts 02111  
Tel: 617-542-6000  
Fax: 617-542-2241

VIRGINIA:

AFFIDAVIT  
VIRGINIA SMALL ESTATE ACT

IN RE: ESTATE OF: BILL GARETH NEELY, deceased.

COMES NOW WILLIAM NEELY, being first duly sworn on oath deposes and says:

1. That he/~~she~~/they is/~~are~~ the successor of the decedent as defined in section 64.1-132.1 of the Code of Virginia as amended.
2. /was found ~~TESTATE~~ on the 20th day of January, ~~2001~~ 2001 and that sixty days has elapsed since the date of death.
3. The decedent was domiciled and a resident of Fairfax County, Virginia.
4. No application for appointment of a personal representative has been granted or is pending in any jurisdiction.
5. xxx The decedent died ~~TESTATE~~ and there is no existing will.  
The will has been probated and the list of heirs duly filed in the Clerk's Office of the Fairfax County Circuit Court on the day of 19.
6. The value of the entire personal probate estate, wherever located, does not exceed \$10,000.00.

Cassandra R. Noddy  
Affiant

\_\_\_\_\_  
Affiant

\_\_\_\_\_  
Affiant

COMMONWEALTH OF ~~VIRGINIA~~ MARYLAND  
COUNTY OF FAIRFAX, to-wit:

FREDERIC C. REED  
Subscribed sworn to and acknowledged before me this 3rd day of

May, 2001.

Robert F. Reed  
NOTARY PUBLIC

My commission expires: My Comm. Expi. 8/16/02

**COMMONWEALTH OF VIRGINIA - CERTIFICATE OF DEATH**  
**DEPARTMENT OF HEALTH - DIVISION OF VITAL RECORDS - RICHMOND**

MAR 13 2002

C98  
PENT & TRADEMARK CERT

COPY A  
FOR DIVISION OF  
VITAL RECORDS

DECEDENT	REGISTRATION AREA NUMBER <b>129</b>	CERTIFICATE NUMBER <b>537</b>	MEDICAL EXAMINER'S CERTIFICATE			STATE FILE NUMBER				
PLACE OF DEATH	1. FULL NAME OF DECEDENT <b>Bill Gareth Neely</b>			2. SEX <input checked="" type="checkbox"/> Male	3. DATE OF DEATH <b>January 20, 2001</b>	4. AGE <b>30 years</b>	5. IF UNDER 1 YEAR months      days      hours      minutes	6. IF UNDER 1 DAY hours      minutes	7. DATE OF BIRTH <b>Jan. 4, 1971</b>	8. WAS DECEDED EVER IN U.S. ARMED FORCES? <input type="checkbox"/>
USUAL RESIDENCE OF DECEDENT	9. NAME OF HOSPITAL OR INSTITUTION OF DEATH (if none, so state) <b>None</b>			10. DOA <input type="checkbox"/>	11. CITY OR TOWN OF DEATH <b>McLean</b>	12. COUNTY OF DEATH <b>Fairfax</b>				
PERSONAL DATA OF DECEDENT	13. STATE (OR FOREIGN COUNTRY) OF DECEDENT'S RESIDENCE <b>Virginia</b>			14. CITY OR TOWN OF RESIDENCE <b>McLean</b>	15. IF CITY OR TOWN UNKNOWN yes      no	16. STREET ADDRESS OR RT. NO. OF PLACE OF DEATH <b>1505 Lincoln Circle # 202</b>	17. ZIP CODE <b>22102</b>			
CAUSE OF DEATH	18. NAME OF DECEDENT'S FATHER <b>William Neely</b>			19. Maiden Name of Decedent's Mother <b>Edwina Grice</b>						
TO MEDICAL EXAMINER:	20. RACE OF DECEDENT <b>Black</b>			21. OF HISPANIC ORIGIN? If yes, specify Cuban, Mexican, Puerto Rican, etc. <input checked="" type="checkbox"/> no <input type="checkbox"/> yes			22. EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12)      College (14 or 8+) <b>4</b>			
Medical Certification	23. CITIZEN OF WHAT COUNTRY <b>USA</b>			24. BIRTHPLACE (Name or country) <b>Rhode Island</b>	25. NEVER MARRIED <input checked="" type="checkbox"/>	26. DIVORCED <input type="checkbox"/>	27. IF MARRIED OR WIDOWED, NAME OF SPOUSE (if divorced leave blank)			
NOTE: If "Pending" must be indicated, notify registrar or final director as soon as possible after inquiry.	28. SOCIAL SECURITY NUMBER <b>216 13 3178</b>			29. USUAL OCCUPATION <b>Director</b>	30. MARRIED <input type="checkbox"/>	31. WIDOWED <input type="checkbox"/>	32. INFORMANT OR SOURCE OF INFORMATION <b>William Neely</b>			
28. Part I. Enter the disease, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.								INTERVAL BETWEEN ONSET AND DEATH		
IMMEDIATE CAUSE (Final disease or condition resulting in death) → (A) DUE TO (OR AS A CONSEQUENCE OF) <b>CARDIOMYOPATHY</b>										
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (disease or injury that initiated events resulting in death) LAST (B) DUE TO (OR AS A CONSEQUENCE OF) (C)										
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.								33. AUTOPSY? AUTHORIZED BY: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <b>M.E.</b>		
34. IF FEMALE, WAS THERE A PREGNANCY IN PAST 3 MONTHS? <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> unknown			35. IF EXTERNAL CAUSE, IT WAS PRIMARY <input type="checkbox"/> or CONTRIBUTORY <input type="checkbox"/> to CAUSE OF DEATH			36. DESCRIBE HOW INJURY RELATING TO DEATH OCCURRED				
37a. TIME OF INJURY (hr.) (min.) (sec.) A.M.      P.M.			37b. INJURY LOCATED white at work      not white at work			38a. PLACE OF INJURY (home, farm, factory, school, office, bus., etc.) 38b. (City or town) (county) (state)				
39. I CERTIFY THAT I TOOK CHARGE OF THE REMAINS DESCRIBED ABOVE, VIEWED THE BODY, MADE INQUIRY AND IN MY OPINION DEATH OCCURRED AT OR ABOUT NATURAL CAUSES <input checked="" type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> UNDETERMINED <input type="checkbox"/> PENDING								40. TIME (PM) DEATH <b>8:30</b>		
ACTUAL SIGNATURE → <i>Gareth Neely</i>								DATE SIGNED: <b>March 21, 2001</b>		
NAME OF MEDICAL EXAMINER (Type or Print) <b>Donald D. Haut, M.D.</b>								ADDRESS OF MEDICAL EXAMINER <b>4317 Adrienne Dr Alexandria, Va. 22309</b>		
FUNERAL DIRECTOR		BURIAL <input checked="" type="checkbox"/>	REMOVAL <input type="checkbox"/>	CREMATION <input type="checkbox"/>	30. PLACE OF BURIAL, REMOVAL, ETC. <b>George Washington Cemetery</b>	(name of cemetery or crematory)			(city or county) <b>Adelphi, Maryland</b>	
REGISTRAR		31. (Signature of funeral director or person legally filing this certificate) <i>Julia P. Marshall</i>			NAME OF FUNERAL HOME AND ADDRESS <b>MARSHALL'S FUNERAL HOME 4308 Suitland Rd. Suitland, Md</b>					
		32. (Signature of registrar) <i>Gareth Neely</i>			DATE RECORD FILED <b>4/3/01</b>					
		33. PRESERVED FOR REGISTRAR'S USE								

This is to certify that this is a true and correct reproduction of the original record filed with the **FAIRFAX COUNTY HEALTH DEPARTMENT, FAIRFAX VIRGINIA**.

APRIL 3, 2001  
DATE ISSUED

*Gareth Neely*  
DEPUTY REGISTRAR

(SEAL)

VOID IF ALTERED OR DOES NOT BEAR IMPRESSED SEAL